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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Inspiration County Gila No. M. J. Hospital St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
male.	✓		1
DATE OF BIRTH* <u>June 21 - 1923</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER		
<u>Alfred Franklin Hallett</u>			
FULL MAIDEN NAME	MOTHER		
<u>Anna Laura White</u>			

I HEREBY CERTIFY that the child described
herein has been namedAlfred Franklin Hallett Jr.
(Give name in full) (Surname)Anna Laura White Hallett
(Parent's Signature)Cyril M. Cron M.D.
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

153-621-165